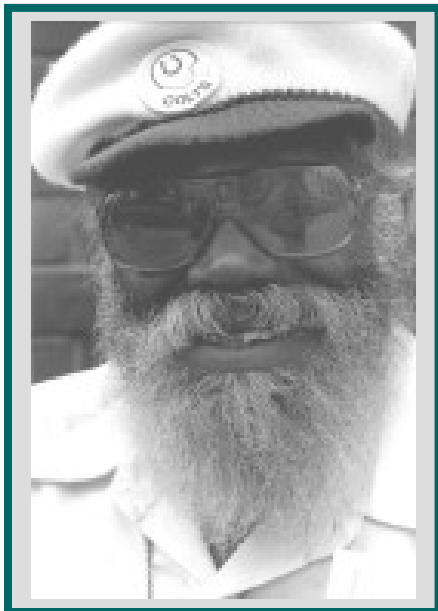


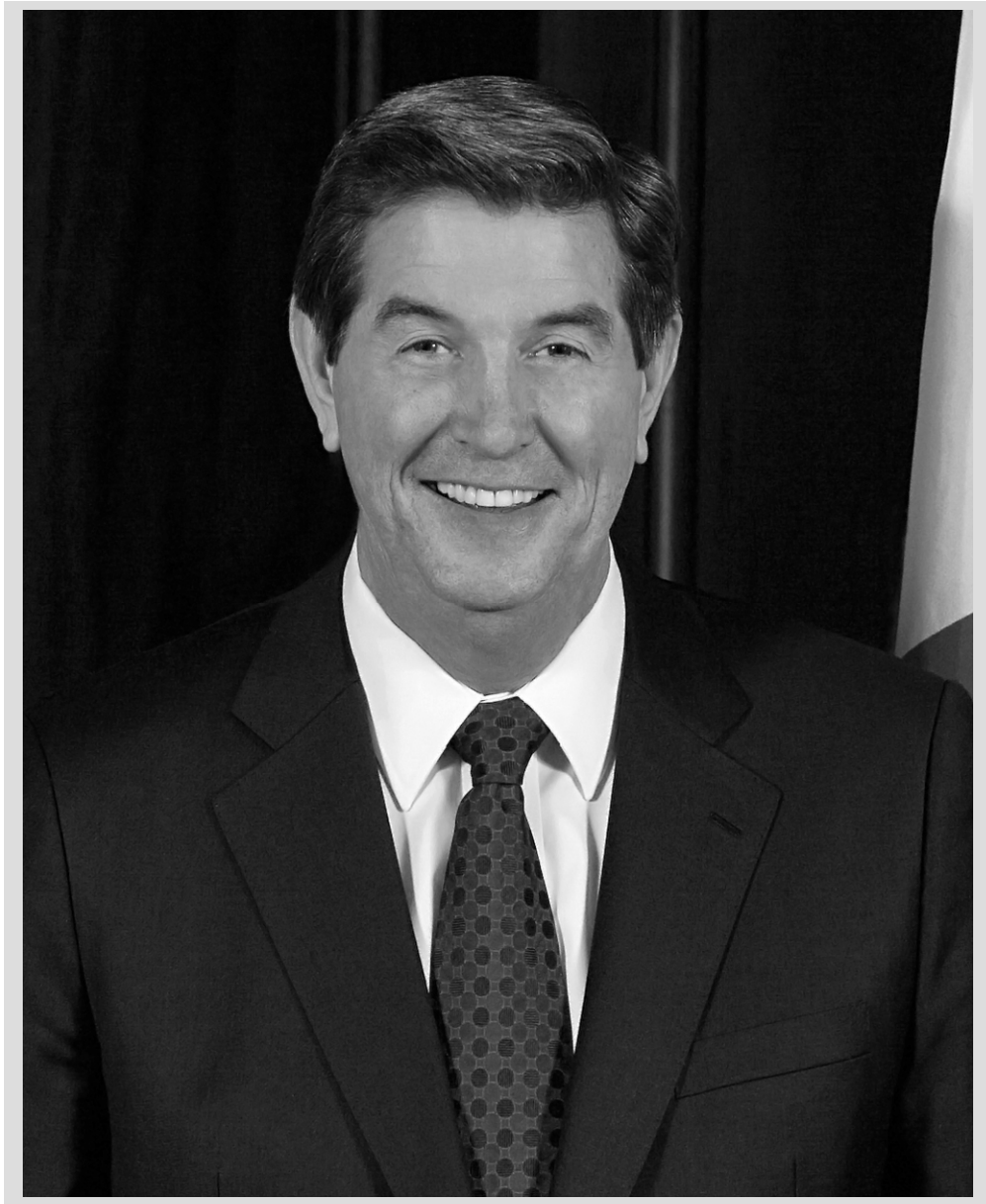


ALABAMA DEPARTMENT OF SENIOR SERVICES

AGING WELL, LIVING WELL



A Report on Aging in Alabama in 2007



The Honorable Bob Riley
Governor
State of Alabama



BOB RILEY
GOVERNOR

STATE OF ALABAMA
DEPARTMENT OF SENIOR SERVICES

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EXECUTIVE DIRECTOR

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April 1, 2008

Dear Friends:

It has been my privilege to serve as Executive Director of the Alabama Department of Senior Services under the leadership of Governor Bob Riley. We have effected many changes during our tenure. Senior Services has evolved from a small agency to a department with four division chiefs overseeing a wonderful staff that have been recognized nationally for their accomplishments.

The Aging Network has never been stronger, and the number of people we serve has grown drastically. With Medicare Part D we recognized that we are educators as well as providers of services.

Our focus is now on "Engaging Aging" as our Governor has led us to an unprecedented economic boom. We want our citizens to have the quality of life in their "senior" years they so richly deserve. This will include new opportunities for jobs and volunteerism. This annual report as presented to you reflects the aggressiveness of our department in instituting substantive changes in the way we operate.

Sincerely,

Irene B. Collins
Executive Director

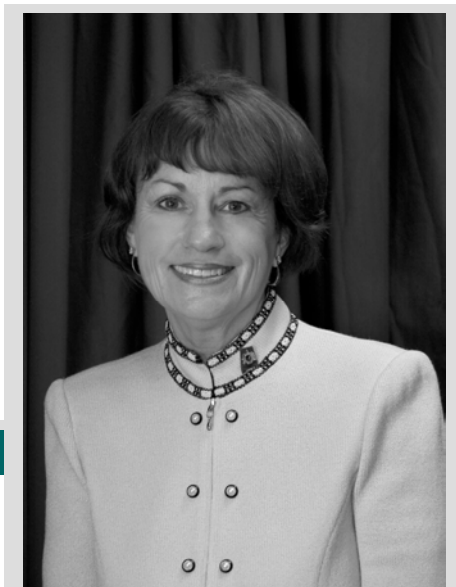


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MISSION STATEMENT

The mission of the Alabama Department of Senior Services is to promote the independence and dignity of those we serve through a comprehensive and coordinated system of quality services.

VISION STATEMENT

Our vision is to help society and state government prepare for the changing aging demographics through effective leadership, advocacy, and stewardship.

ADSS BOARD OF DIRECTORS

The Alabama Department of Senior Services (ADSS) has an Advisory Board that functions in accordance with the requirements of Section 38-3-2 of the Code of Alabama, 1975. This Board is composed of two members of the State Senate appointed by the President of the Senate, two members of the House of Representatives appointed by the Speaker of the House of Representatives, and nine members who are appointed by the Governor. Of these nine, one must be a representative of business; one, a representative of labor; one, a representative of the medical profession; three, representatives of senior citizen organizations; and three, responsible citizens of the state. Of the “three responsible citizens,” no two may be of the same religious faith. The Alabama State Health Officer, the Director of the Alabama Department of Labor, and the Commissioner of the Alabama Department of Human Resources are *ex officio* members of the Board.

2007-2011 BOARD OF DIRECTORS

Members of the ADSS Board of Directors

Thomas Ray Edwards, Board Chairman
(Valley)

Dr. James M. Abrams (Birmingham)

Robert Green (Northport)

Dr. Rick McBride (Montgomery)

Dr. Horace Patterson (Talladega)

Rhondel Rhone (Grove Hill)

Jimmy Ray Smith, Jr. (Decatur)

Ellen Staner (Birmingham)

Ray Warren (Montgomery)

Legislative Appointees

Alabama Senate:

The Honorable Lowell Barron

The Honorable Roger Bedford

Alabama House of Representatives:

The Honorable Alan Harper

The Honorable Jamie N. Ison

Ex Officio Members

Director Jim Bennett

(Alabama Department of Labor)

Commissioner Page Walley

(Alabama Department of Human
Resources)

Dr. Don Williamson, State Health Officer
(Alabama Department of Public Health)

WHAT WE DO MAKES A DIFFERENCE

“With the increasing numbers of older adults, we must reduce the financial costs of long-term care through greater choices and through community-based approaches. We can reduce costs by keeping people healthier. We also have an incredible opportunity to help older adults stay engaged in their communities.”

**- Josefina Carbonell
Assistant Secretary for Aging
Administration on Aging
(23rd Annual Home and
Community Based Services
Conference, October 2007)**



Americans traditionally believe in the inherent dignity of the individual. In keeping with this concept, the older people of our state are entitled to equal opportunity. They should have adequate income and retirement, suitable housing, employment without discrimination and community services as well as freedom and independence in planning for themselves.

ADSS is the state agency responsible for coordinating state and federal programs serving senior citizens. Since its inception, ADSS (formerly the Alabama Commission on Aging) is best known for its Elderly Nutrition Program. However, ADSS does much more.

WHOM WE SERVE

Our traditional focus is on the 838,000+ Alabamians who are 60 and older; however, others who are eligible for the Department's programs and services include:

- Caregivers of senior citizens;

- Caregivers of people of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction;
- Grandparents or older individuals who are relative caregivers of children not more than 18 years of age or people of any age with a disability;
- People of any age who are residents of a long-term care facility;
- People of any age with disabilities who qualify for the Medicaid Waiver for the Elderly and Disabled Program;
- Unemployed people 55 or older who live at or below 125 percent of the federal poverty level (FPL).

WHAT WE DO

ADSS is a cabinet-level state agency with approximately 42 employees. As a planning, development, and advocacy agency for the aging, the employees include program specialists, administrators, attorneys, information technology specialists, accountants, auditors, nurses, nutritionists, etc., as well as clerical support personnel. We administer statewide aging programs through nine regional planning commissions, 13 Area Agencies on Aging (AAAs), and over 2,000 direct service providers. Each AAA provides comprehensive services through contracts and grants for the following purposes:

- To secure and maintain the independence and dignity of seniors;
- To remove social and individual barriers to seniors;

- To assure the provision of a continuum of care for seniors; and
- To develop comprehensive, coordinated systems for seniors.

Another primary responsibility of the Department is to advocate on behalf of our constituents. At no other time in the history of the Older Americans Act has the importance of aging services been so critical. The leading edge of the baby boomers began turning 60 in 2006; and for the next three to four decades, the 60+ population will be twice the size it is today.

FUTURE OF AGING SERVICES



The entire face of aging is changing. Not only are the attitudes and expectations of the baby boomer generation very different from their parents' generation of those who survived the Great Depression and World War II, but the sheer number of baby boomers aging into their senior years will warrant substantial changes. Currently, the Medicare system is going through significant changes. In addition, many expect drastic changes to Social Security to be next.

The 2005 White House Conference on Aging, the first of the 21st Century, focused on opportunities and challenges presented by the “new” 60+ population of 78 million, as well as considered issues that impact the mature older population. Issues included planning along the lifespan, coordinated social and health services that give seniors the maximum opportunity to age in place, senior employment and the workplace, support for caregivers, health and long-term living, social engagement, and adapting the marketplace. While addressing these issues, participants considered the many differences within the population we serve, such as socioeconomic status, rural and urban, minorities, cultural, literacy, and age cohort.

The Older Americans Act (OAA) embodies our nation’s commitment to ensure the dignity and independence of our older citizens by promoting older Americans’ full participation in society, and supporting their overwhelming desire to remain living in their own homes and communities for as long as possible. The 2006 amendments to the OAA strengthened this commitment by providing flexibility to states to customize programs to meet the needs of their citizens, and simplifying implementation requirements. The Amendments modernize community-based long-term care systems to empower consumers to manage their own care and make choices that will allow them to avoid institutional care and live healthy lives in the community. Specific provisions include but are not limited to:

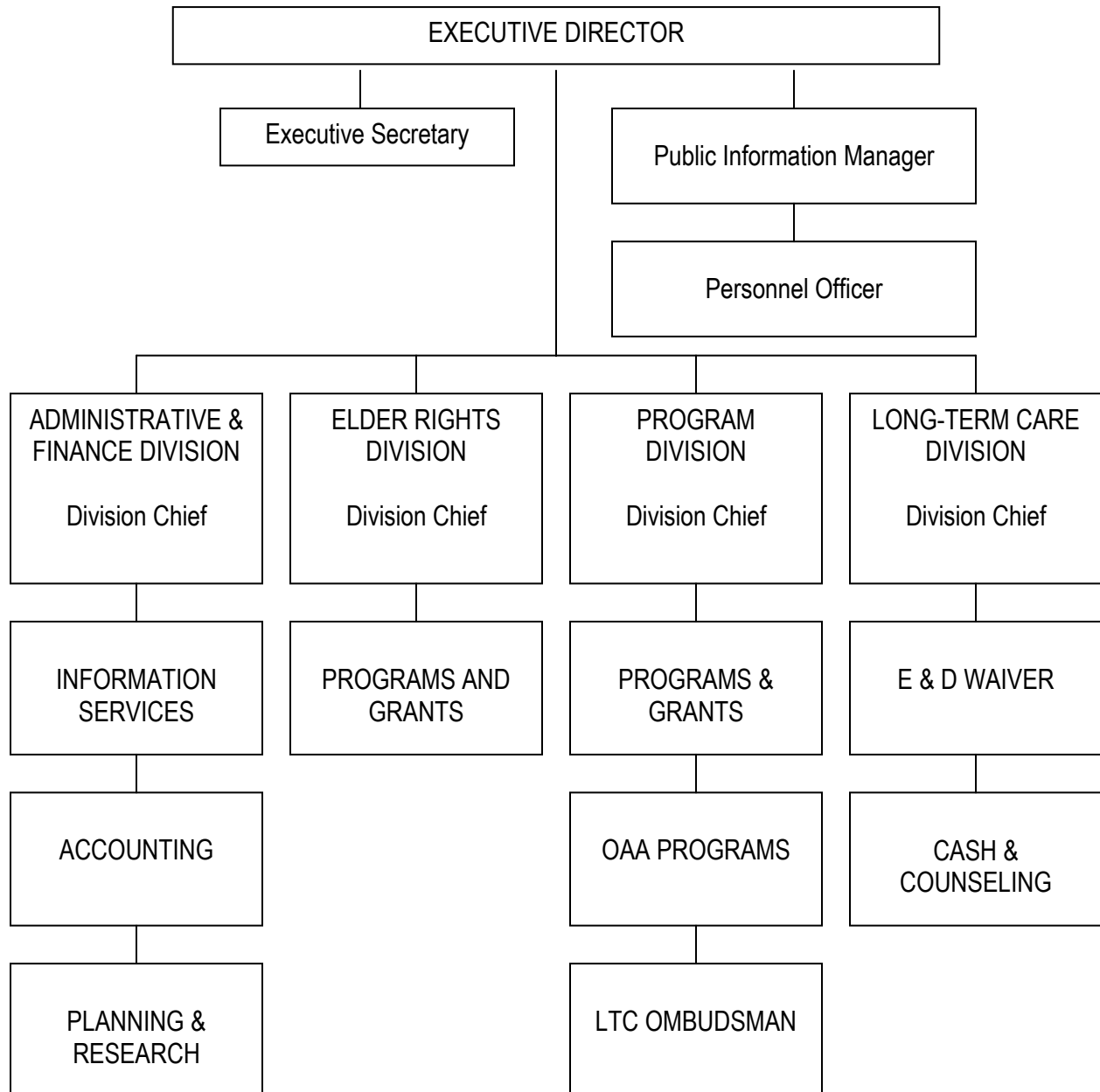
- Enhanced federal, state, and local coordination of long-term care services provided in home and community-based settings;

- Support for state and community planning to address the long-term care needs of the baby boom generation;
- Greater focus on prevention and treatment of mental disorders;
- Outreach and service to a broader universe of family caregivers under the National Family Caregiver Support Program;
- Increased focus on civic engagement and volunteerism; and
- Enhanced coordination of programs that protect elders from abuse, neglect, and exploitation.

The AAAs provide services through over 350 senior centers. Over 1,000 vans are in operation to transport older people to services such as senior centers, medical services, shopping, bill paying, and recreation. In-home services such as minor repairs, homemaker, chores, and personal care are also provided through the AAA service delivery system.



ADSS ORGANIZATIONAL CHART



KEY INITIATIVES

ADSS was instrumental in spearheading many key initiatives in the past two years. This section outlines these major accomplishments, which are covered in more detail in this report.

DISASTER ASSISTANCE

ADSS received over \$12 million in federal and state disaster assistance to provide relief to numerous regions after hurricanes and tornadoes devastated the state from 2005 to 2007. The agency continues to promote preparedness as the greatest defense toward survival. Safe centers continue to be built, and the aging network has expanded its efforts to educate the older population and family caregivers.

SAFE CENTER CONCEPT

The Safe Center is a new concept for senior centers developed by ADSS in partnership with the Administration on Aging, the Alabama Department of Economic and Community Affairs, and the Alabama Emergency Management Agency. Safe centers, which will operate as senior centers throughout the year, will provide specially-designed, safe, and immediate shelters for vulnerable and at-risk seniors in the event of a disaster.

ALZHEIMER GRANT/REACH

As a continuation of the Alzheimer's Disease Demonstration Grants to States, Alabama's Resources for Enhancing Alzheimer's Caregiver Health (REACH) Intervention Project is a support program designed to alleviate stress for persons caring for loved ones with Alzheimer's disease and related dementia. ADSS partnered with the University of Alabama's Center for Mental Health and Aging to successfully pilot this program in four regions of the state. The REACH program

helps ease the stress on those who care for loved ones with Alzheimer disease and is being recognized as the best in the nation. The Resources for Enhancing Alzheimer's Caregiver Health (REACH) Intervention Project is the winner of the 2007 Rosalynn Carter Leadership in Caregiving Award. The award, given by the Rosalynn Carter Institute for Caregiving (RCI), recognizes innovative partnerships between community organizations and caregiving researchers.

"We've made it a priority to use innovative programs to improve the services we deliver and improve the quality of life for our citizens," Governor Bob Riley said. "Programs like REACH lessen the burden on family members and allow loved ones to stay in their homes."

NATIONAL GOVERNOR'S ASSOCIATION (NGA) GRANT

The Civic Engagement of Seniors Initiative is a multi-year NGA Center for Best Practices project and seeks to improve the health and lives of older Americans by substantially increasing the proportion of seniors who participate in employment, education and training, or meaningful volunteer activities. As one of eight states selected for this pilot program, ADSS took a leadership role in forming the Alabama Mature Worker Task Force to engage seniors in volunteering and employment opportunities. The task force also created an "Engaging Aging" white paper, which was presented to the Governor's Office, and outlined the agency's plan for improving mature Alabamians' workforce opportunities.

TRANSPORTATION GRANT

The State of Alabama received a United We Ride Coordination Grant to pilot a transportation program serving both urban and rural citizens in a two-county region. The implementation of this coordinated transportation plan will be supported by all state agencies serving on the United We Ride Commission.

ADRC GRANT

Aging and Disability Resource Centers (ADRCs) provide a consumer-directed single point of entry into the continuum of care and social services system. ADRCs pre-screen, assess, and refer individuals to a wide range of service options and provide counseling and education on long-term care options and benefits. ADSS identified two of its 13 AAAs as pilot sites for the development of the ADRCs. The long-term goal is to have the concept of ADRCs in all local communities providing consumer-friendly support to individuals so they may remain healthy and independent.

TOGETHER FOR QUALITY PROJECT

The Alabama Medicaid Agency (ALMA) was awarded a \$7.6 million federal “Together for Quality” system transformation grant to change the state’s claims and process-oriented system into one that is coordinated, patient-centered, and cost-efficient. ADSS is one of many partners in this effort that will create a statewide electronic health information system that links ALMA, state health agencies, providers, and private payers while establishing a comprehensive, quality improvement model for the Alabama

Medicaid program. ADSS is a member of the project’s Stakeholder Council which develops policies addressing governance, technology, process, data management, privacy, security, and other legal matters. ADSS is also partnering with ALMA to develop an interoperability between ADSS and ALMA. The interface between the two agencies will allow flow of information that will improve quality of care and program management.

WORKFORCE PLANNING COUNCIL

For the first time in Alabama, ADSS Executive Director Irene Collins serves on the state and local workforce investment boards, as well as the State Workforce Planning Council. Alabama continues to enjoy record low unemployment, making it all the more important for employers to recruit and retain valuable staff members. ADSS believes senior citizens who want to continue their careers or return to work can fill vital roles in today’s workforce.

PERSONAL CHOICES PROGRAM

Personal Choices is a self-directed home and community-based program that is designed to offer seniors and people with disabilities more choice and flexibility in the type of care they receive. Alabama became the first state to implement this program under the Deficit Reduction Act of 2005. ADSS is currently piloting this program in a seven-county region in west Alabama.

ADSS PROGRAMS AND SERVICES

ALABAMA SENIORX/ WELLNESS



The Alabama SenioRx: Partnership for Medication Access is a program designed to provide assistance for senior citizens with chronic medical conditions who have no prescription insurance coverage and limited financial means to apply for drug assistance programs provided by pharmaceutical manufacturers. Approximately every three months, the client must reapply to the drug companies for continued assistance. SenioRx Coordinators statewide provide seniors assistance with the application process required by the various pharmaceutical companies.

The Alabama SenioRx Program has saved seniors \$144.7 million in drug expenses since its inception during Fiscal Year 2002 by submitting 453,707 prescriptions to drug companies on behalf of 31,335 senior citizens. Also in Fiscal Year 2006, the age requirement was lowered from 60 years of age to 55 years of age. This was done in an effort to reach younger individuals with the goal of helping them live healthier as they age.

In Fiscal Year 2007, the Alabama SenioRx Program expanded the support of the program by empowering seniors to participate in a self-reporting wellness program, SenioRx/Wellness. The program collaborates with the Alabama Department of Public Health to embed their existing wellness and disease prevention component into the current SenioRx statewide program. Targeting low-income seniors 55 years of age and over diagnosed with chronic diseases, the program aims for a reduction in risk factors for chronic diseases and disabilities among the senior population.

To qualify for free prescription drugs through SenioRx/Wellness, individuals must be at least 55 years of age with chronic medical conditions, have no prescription drug insurance coverage, and their income must be at or below 200% of the federal poverty level. The Wellness program is open to all Alabamians age 55 and over regardless of income.

ALABAMA CARES

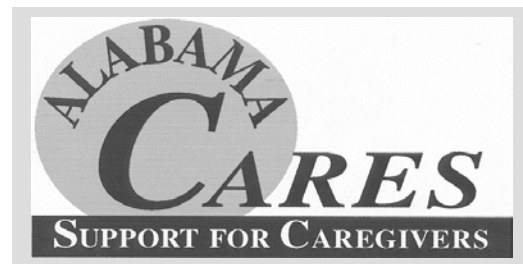
Nationally an estimated 50 million caregivers provide unpaid assistance and support to older people and adults with disabilities who live at home rather than in a long-term care facility. Caregivers save the government billions of dollars each year, and the value of this unpaid labor force is estimated to be at least \$306 billion annually. This figure is nearly double the combined cost of government payments for home health care which is \$43 billion and nursing home care which is \$115 billion.

The Alabama Cares Program, an important new program established in the Older Americans Act Amendments of 2000, serves caregivers in five basic areas providing: Information, Assistance, Individual Counseling, Respite, and Supplemental Services. The program reached the needs of Alabama's senior citizens in the following ways.

- **Information:** Educational forums on dementia, Alzheimer disease, leadership institutes, support groups, newspaper publications, television and radio talk shows, presentations to community and civic organizations, magazine articles, health fairs, and public education.
- **Assistance:** Caregivers were provided with case management, and referrals were made to local programs to assist caregivers and care recipients with local resources and public assistance programs. Focus on Alzheimer patients was made possible through a special Alzheimer's grant. A greater effort was made to assist grandparents taking care of grandchildren.
- **Individual Counseling:** Caregivers were provided with support groups, caregiver training, and caregiver guidance.
- **Respite:** Temporary respite was provided to caregivers to help prevent stress and burn-out which are primary reasons people are forced to place their loved ones in nursing homes.
- **Supplemental Services:** Wheelchair ramps were built and supplies were provided, such as incontinence supplies, frozen meals, meal supplements, emergency response systems, and durable medical equipment such as

walkers, shower chairs, and elevated commode seats.

The criteria for eligibility for the Caregiver Program are as follows: (1) a caregiver provides care for an older person of at least 60 years of age; (2) a grandparent or relative caregiver cares for a child not more than 18 years of age, and (3) priority is given to those in the greatest social and economic need with particular attention to those with low-income, minority individuals, and older individuals providing care and support to persons with Alzheimer Disease and other cognitive disorders and grandparents caring for grandchildren with developmental disabilities.



ADSS provided even more dedication to the program by allowing focus to be placed on the following areas:

- Intensive quarterly training for local AAA Cares Coordinators broadened the knowledge base in areas such as dementia care, caregiver surveys, Lifespan Respite, partnerships through local networking, and nutritional needs of seniors as well as congregational respite, mobile day care, and self-directed care.
- Programmatic issues such as definitions, cost sharing, caregiver intake/client intake forms, policy development, standards, measurable results, accurate

reporting with AIMS, and unit calculation have been addressed.

- A revised Cares brochure and poster were designed and published for statewide distribution.

The Alabama Cares Program through the aging network served the needs of 3,253 Caregivers in thirteen AAAs across the state. 86,681 units of service were reported in Caregiver Assistance, 31,132 units reported in Caregiver Counseling, 3,046 units reported in Caregiver Information, 144,674 hours reported in Caregiver Respite, and 18,448 units reported in Caregiver Supplemental Services.

The growth in the Alabama Cares Program can be measured by the relief given to the sixty-year old lady who chose to care for her 92-year-old mother and 96-year-old aunt suffering with Alzheimer disease, the grandmother caring for three minor children, the relative caring for a person with a disability, the elderly man caring for his bedridden wife, or the wife caring for her husband disabled by a stroke. Every situation represents a success; the Alabama Cares Program offers not only respite, but the needed counseling, supplemental supplies, assistance through case management, and valuable information to the caregiver as well as the community, decision makers, political leaders, providers, and partnering agencies.

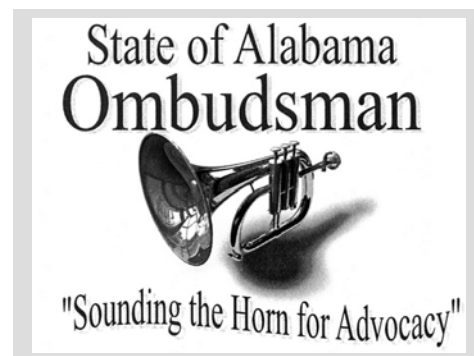
LONG-TERM CARE OMBUDSMAN

The Long-Term Care Ombudsman Program (LTCO) is authorized by Chapter VII, Section 712 of the Older Americans' Act of 1965, as amended and Alabama Law Act No. 85-657 to identify, investigate and

resolve complaints made by and on behalf of residents residing in long-term care (LTC) facilities. These laws promote community involvement in long-term care and establish a process to resolve problems or complaints.

In Alabama, there are thirteen Area Agencies on Aging (AAAs) that contract for ombudsman services. Each of the AAAs has full-time ombudsmen who have been trained and certified by the State Ombudsman.

The Ombudsman program provides services to protect individuals residing within nursing facilities, assisted living facilities, and specialty care facilities. In Jefferson County, Ombudsmen are advocates for persons residing in Boarding Homes. The program is mandated to operate in accordance with the Older Americans Act of 2000, as amended and Alabama Act No. 85-657.



The State Ombudsman has the responsibility according to the Older Americans Act to:

- Identify, investigate, and resolve complaints that are made by, or on behalf of, residents of long-term care facilities;

- Provide services to assist residents in protecting their health, safety, welfare, and rights;
- Inform residents about means of obtaining services;
- Ensure that residents have regular and timely access to services;
- Represent the interests of residents before governmental agencies and seek administrative, legal, and other remedies to protect their health, welfare, safety, and rights;
- Analyze, comment on, and monitor the development and implementation of federal, state, and local laws, and recommend any changes in such laws;
- Assure the public's ability to comment on laws affecting residents of long-term care facilities; and
- Provide for training representatives of the State Ombudsman to carry out other activities as the state and U.S. Administration on Aging determine to be appropriate.

Ombudsman Program Accomplishments for Fiscal Years 2006 - 2007

Public Education/Awareness:

- Ombudsman Program held a joint LTC conference in June of Fiscal Year 2006 with the legal developer on advance directives, long-term care planning, and Medicaid eligibility requirements, powers of attorney, health care proxies, elder abuse, and other long-term care issues. The training was attended by local ombudsmen, SenioRx

coordinators, Cares coordinators, legal providers, and consumers.

- Presentation to church women's ministry groups on how to locate a good nursing home and what to look for when you visit a nursing home.
- Presentations on the ombudsman program to groups such as public health surveyors and the Alabama Council on Developmental Disabilities.



Resource Development:

- Produced a statewide Volunteer Ombudsman Manual implemented in Fiscal Year 2007 that will provide guidelines and procedures for training of volunteers.
- Collaboration with Alabama Quality Assurance Foundation (AQAF), Alabama Nursing Home Association (ANHA), and Alabama Department of Public Health (ADPH) on Advancing Excellence in Nursing Homes Campaign in Fiscal Year 2007. Local ombudsmen continue to provide community education to nursing home staff as well as the general public on residents' rights, elder abuse, and person-centered care.

- Collaboration with AQAF, ANHA, and ADPH on addressing staff retention in nursing homes and the reduction of pressure ulcers. Local ombudsmen were all trained on pressure ulcers.
- Participated in coalition building efforts with the ADPH, ANHA, AQAF, the Alabama Department of Human Resources Adult Protective Services Division and the Alabama Medicaid Agency.
- Renewed the contract with Medicaid to receive Civil Monetary Penalty (CMP) Funds for the new contract period of September 30, 2007-September 30, 2009.
- Developed by-laws for implementing a statewide Advisory Council in Fiscal Year 2008.

Research and Development:

- Analyzed the statewide ombudsman data base reporting system to identify and target problem areas specific to the local region.
- Researched best practices of other states that have been successful in increasing PNAs (Personal Needs Allowance) for residents in nursing homes.
- Performed on-site visits to all 13 AAA ombudsman programs.

Training/Education:

- In 2006 the State Ombudsman gave presentations at the Annual Nursing Home Association Conference and the Annual Assisted Living Conference on the State Long-Term Care Ombudsman Program.

- State Ombudsman gave a presentation at the Fall Fiscal Year 2007 Assisted Living Conference.
- Provided certification training for local ombudsmen.
- Provided quarterly training sessions.

Policy Development:

- Collaborated with Georgia's State Long-Term Care Ombudsman to utilize Georgia's best practices on policies and procedures, statewide advisory council, and the volunteer ombudsman program.
- State ombudsman and Elder Rights Division Chief collaborated with the Bankruptcy Court on facilities that enter into bankruptcy and the role of the local ombudsman in investigating complaints in facilities that are under bankruptcy.
- Updated and revised statewide policy and procedures manual for ombudsman program.

The Ombudsman Program was successful in Fiscal Year 2007 in assisting many residents to transition out of nursing homes to live in the least restrictive environment possible. The Ombudsman Program works each year to direct charitable contributions such as electric wheelchairs, entertainment equipment, and gifts to facilities and residents in need.

SENIOR EMPLOYMENT

The Senior Community Service Employment Program (SCSEP) is authorized under Title V of the Older Americans Act and is funded by the U.S. Department of Labor. It is the only

federally funded employment program for low-income persons age 55 or older.

The SCSEP program is a community service and work-based training program for older workers. The program has two purposes: to provide useful community services and to foster individual economic self-sufficiency through training and placement into unsubsidized jobs.



For Fiscal Year 2006, the SCSEP program had several outstanding accomplishments. The program finished first in the southeast region in aggregate percentage of goals achieved. The Department of Labor goals that were exceeded include placement (123%), retention (129%), and service level (101%). ADSS also served 365 SCSEP participants and placed 62 of those into unsubsidized employment.

Criteria for Eligibility

- Age 55 or older;
- Total countable income less than 125% of Federal Poverty Level (based on family size); and
- Unemployed at time of application.

ADSS also partnered with AARP, the Office of Workforce Development, and local

community colleges to conduct a series of older worker forums that brought employers and job seekers together to discuss future employment trends, including labor shortages and the graying of the workforce. These “Boomers and Business” forums were successful in raising employer awareness of the mature workforce in Alabama and presented ideas businesses could implement to retain and recruit mature workers in the next decade and beyond.

In Fiscal Year 2007, ADSS also took a leadership role in forming the Alabama Mature Worker Task Force. This task force is a partnership of various state and non-profit agencies created in cooperation with the National Governors Association Center for Best Practices to engage seniors in volunteering and employment opportunities.

Alabama was one of only eight states selected for this pilot program dealing with the civic engagement of seniors. The idea is for this project to be replicated nationwide. In addition, the task force created “Engaging Aging,” a white paper that was presented to the Governor’s office and outlined our plan for improving mature Alabamians’ opportunities in the workplace.

CONGREGATE AND HOME-DELIVERED MEALS



One of the most successful community-based programs for seniors in America is Alabama's Older Americans' Act (OAA) Elderly Nutrition Program. Through strong state and local partnerships with AAAs, tribal organizations, nutrition service providers, thousands of dedicated volunteers, caregivers, and the private sector, the program provides more than four million congregate meals in senior centers and home-delivered meals to thousands of seniors every year.

Healthy aging is more than going to see the doctor routinely and taking medications as prescribed. It involves socialization, regular exercise, and eating a nutritious diet. Unfortunately, poor nutrition is a major problem for many older adults. ADSS utilizes a multi-faceted approach to combat the problems of poor nutrition among older adults. Recipients of home-delivered meals are typically older persons who live alone, have incomes below \$10,000 and have multiple chronic health conditions.

ADSS ensures all meals provided through departmental programs are varied, nutritionally balanced, and safe. The meals must comply with U.S. Dietary Guidelines and provide at least 1/3 of the Dietary Reference Intake level of key indicator nutrients. The program supports federal, state, and local efforts to fight chronic health conditions among older persons such as diabetes, osteoporosis, arthritis, and heart disease.

Program Highlights

- In Fiscal Year 2007, approximately 4,346,413 meals were served to Alabama's senior citizens – 2,187,441 congregate meals (those served in senior centers) and 2,158,972 home-delivered meals.
- Alabama's Elderly Nutrition Program is a national model in efficiency, because purchasing all meals from one statewide contract keeps meal costs low.
- Because of its success, Alabama's Elderly Nutrition Program has been the recipient of additional federal dollars that allow ADSS to continue to expand the program with smaller increases in cost.
- The Frozen Meal Program meets the needs of our target population and has grown tremendously since its inception. This program has helped reach the target population statewide in all rural areas. It offers the client freedom of choice of which meal to eat which day of the week. Our delivery system allows us to reach any client in the state.

Data

- Approximately 4.5 million meals were provided to more than 41,000 older adults in Fiscal Year 2007.
- An additional 174,228 meals were provided to Elderly and Disabled Medicaid Waiver clients.



ELDERLY NUTRITION PROGRAM

- Meals must conform to nutrient planning standards
- Individuals may not be means tested to receive meal service
- Meals must be served to eligible individuals
 - Age 60 and over
 - Volunteers age 60 and over
 - Spouses of individuals age 60+
 - Persons under age 60 residing in housing facilities primarily occupied by older individuals or homes of clients age 60 and over
 - Individuals who have a handicap or disability where the program is served.
- Homebound criteria
 - Age 60 or older
 - Homebound due to illness or incapacitating disability
 - Unable to prepare meals
 - No person available to assist with meal preparation
 - Preference to those with greatest social need
 - Family member may receive services if in best interest of homebound older person.

DISASTER ASSISTANCE



ADSS received \$2.52 million in Administration on Aging funds to provide disaster relief to six (6) of the 13 AAA regions in Alabama due to the devastation of Hurricane Ivan's path of destruction.

ADSS received \$250,000 in AoA funds in FY 2006 to provide disaster relief to three (3) of the 13 AAA regions in Alabama due to the devastation of Hurricane Katrina's path of destruction that hit August 29, 2005.

ADSS was fortunate, as was the State of Alabama, in surviving another year of zero hurricanes in 2007. Not dropping their guard, the agency and aging network continued to expend significant time assisting clients still suffering from damages occurred during hurricanes Katrina and Rita. Although hurricanes were not a threat this year, Alabama was targeted by other natural disasters during this period such as extreme drought and tornadoes.

Individuals in Coffee, Dale, Dallas, Henry, Jefferson, Montgomery, and Wilcox counties suffered uninsured or underinsured losses as a result of tornado damage on March 1, 2007. Six weeks after severe storms and tornadoes caused extensive damage warranting a presidential disaster declaration, nearly \$9.5 million in federal

and state disaster assistance was approved for individuals and communities in these seven Alabama counties. SARCOA was awarded \$50,000 for disaster activities from AoA for the Enterprise tornado; \$2,987 purchased 969 shelf-stable meals.

In summary: 1,888 households registered for Individual Assistance, and \$1,461,447 was approved through FEMA's Individuals and Household Program (i.e., \$1,037,171 in Housing Assistance and \$424,276 in Other Needs Assistance). \$7,251,600 in loans was approved by the SBA for homeowners, renters, individuals, and business owners. Also, \$6,261,800 was approved for 127 home loans and \$989,800 approved for eight businesses. 1,967 people visited the nine Disaster Recovery Centers where Area Agencies on Aging provided assistance to senior citizens.



ADSS continues to focus promoting preparedness as the greatest defense toward survival. Preparedness, however, takes many forms. One significant step toward survival is the ongoing development and implementation of safe centers. The first of these facilities is scheduled for completion during spring 2008.

The next major step toward preparedness is education and training. The aging

network has made great strides to educate the aging population and caregivers, because individuals must be ready to take care of themselves immediately following a disaster. Due to the severity of damages sustained during a disaster, commercial services may be interrupted and accessibility to care will be at a premium. Populations not evacuated may be forced to shelter-in-place and should have a 72-hour supply of food and water.



Acting upon the goals of the previous year, an emergency preparedness plan was approved for the agency. The plan took the basics of AoA's guidelines, assigned internal tasks, and identified a staff member as the agency's point of contact. Disaster-related information is now being tracked, and a newsletter has been developed and is being shared with the aging network. Additionally, confidentiality forms were developed to obtain consent for release of information to local emergency management agencies and first responders.

Through its collaborative efforts of working with state and local agencies, ADSS now has a seat at the table with the Emergency Management Agency during disasters. Ms. Irene Collins, the Executive Director, implemented an agreement with

the Alabama Emergency Management Agency (EMA).

Ms. Collins' dedication and devotion has merited her with an appointment to the FEMA National Advisory Council. In this new capacity, she will serve to advise FEMA on Special Needs Populations.



SUMMARY OF GRANTS

In addition to the grant information described in the Disaster Assistance section of this report, the following information provides a summary of each grant awarded to ADSS during the time period October 1, 2005 until September 30, 2007.

Grant Application:	<i>Alabama's Aging and Disability One-Stop Resource Centers</i>
Grantor:	Administration on Aging/ Centers for Medicare & Medicaid Services
Award Date:	September 30, 2005
Amount Awarded:	\$800,000

Brief Summary

Alabama was among the Fiscal Year 2005 grantee states to receive funding for development of Aging and Disability Resource Centers (ADRCs). In Fiscal Year 2006, ADSS identified two of its 13 AAAs to begin serving as pilots for the

development of the ADRCs. Ten counties were under the pilot operating as the East Alabama Regional Planning and Development Commission and six counties were under the pilot South Central Alabama Development Commission. Effective October 1, 2006, ADRCs began serving and empowering clients and their caregivers with options in making informed choices about services and long-term care options.

Alabama Aging and Disability One-Stop Centers will be accessible to every community through *Alabama-Connect*, allowing individuals to make informed choices through a single point of entry access to long-term support programs and services. The anticipated outcome is that Alabamians will have easy access to information regarding long-term care and will be awarded the freedom to choose their own services that best fit their needs.

ADSS works collaboratively with other state agencies and local programs to promote awareness of its two pilot Aging and Disability Resource Centers (ADRCs). The ADRCs provide a consumer-centered single point of entry into the continuum of care and social services system that will screen, educate, assess, and refer individuals to the wide range of options for services. Assistance through the ADRCs will be available at on-site locations, through a toll-free number (1-800-AGE-LINE), and electronically through the newly-designed website www.alabamaconnect.gov. The goal of the ADRCs is to empower individuals to make informed decisions regarding long-term care support programs and services. Additionally, a standardized screening and eligibility tool is being developed to help individuals with a seamless approach to receiving services. ADSS also seeks to reduce the number of seniors being transferred to other agencies

several times before receiving help by streamlining the access and eligibility process, raising client satisfaction, and providing better management of private/public resources. The long-term goal is to have the concept of ADRCs in all local communities providing a support system that is consumer-friendly and holistic to help individuals remain healthy and independent in their local communities. This grant has a 36-month grant period beginning September 30, 2005.

Grant Application:	<i>United We Ride Initiative</i>
Grantor:	Federal Transit Administration/ Department of Transportation
Date Submitted:	October 10, 2005
Amount Awarded:	\$35,000 (State Coordinating Grant)
Amount Awarded:	\$50,000 (Implementation Grant)

Brief Summary

Governor Riley issued Executive Order 28 to develop a plan for coordinated human service transportation that called for the development and implementation of a framework for action reducing and eliminating restrictive and duplicate laws, regulations, and programs related to human service transportation. ADSS was charged with the duty to lead this endeavor entitled United We Ride and has been very active in pursuing the outlined goals of this order.

- In FY 2005, ADSS received a \$35,000 State Coordinating Grant as a planning component to the United We Ride Initiative. This grant was used to launch a survey of transportation needs across the state by Auburn University at Montgomery.

- ADSS subsequently received in FY 2007 a \$50,000 implementation grant to implement a two-county pilot program in order to move forward with our State Plan of Action for coordinated human service transportation.

The State of Alabama's mission is to provide an easily accessible and coordinated transportation system that addresses the needs of older adults, people with disabilities, and individuals with lower incomes, producing the best outcome for each person we serve. ADSS is playing a key role in the implementation of this program as mobility is essential for those individuals who wish to live independently.

In September 2006, ADSS hosted the Statewide Transportation Summit in Montgomery. The event brought together national and state transportation officials and providers to give Alabama agencies providing human service transportation practical methods and tools that can be used to improve transportation effectiveness and efficiency.

The State of Alabama was the recipient of a United We Ride Coordination Implementation Grant in 2006 for the amount of \$50,000. This award will implement the results of the previous study in a selected pilot area, Lee and Russell counties, with a transportation program serving both urban and rural citizens. The UWR Pilot Program began September 24, 2007, with RLS and Associates of Dayton, Ohio, as mobility managers. The implementation of this coordinated transportation plan will be executed utilizing the support of all state agencies serving on the United We Ride Commission.

The Alabama United We Ride Commission was created by Executive

Order of Governor Bob Riley in April 2005. It seeks to coordinate human service transportation to enhance local customer access for older adults, people with disabilities, and individuals with lower incomes.

Grant Name:	<i>Alabama Senior Medicare Patrol Program Grant</i>
Grantor:	Administration on Aging
Date Submitted:	April 20, 2006
Amount Awarded:	\$300,000

Brief Summary

The grantee, ADSS, leads this three-year Senior Medicare Patrol project in collaboration with all 13 AAAs. The goal of the project is to educate beneficiaries and providers to identify errors in Medicare billing to combat healthcare waste, fraud, and abuse. The approach is to educate beneficiaries and providers on fraud and abuse as well as track events and contacts on potential cases among older consumers.

The project educates beneficiaries and providers on how to identify errors in Medicare billing; provides publications to educate beneficiaries on identifying potential fraud and abuse; publicizes a statewide 1-800 number for assistance; establishes an effective reporting mechanism to track outreach events as well as potential fraud and abuse cases; builds partnerships with healthcare providers, Medicare carriers, and fiscal intermediaries; and recruits and trains volunteers.

The program will produce (1) a website with statewide resources; (2) electronic reporting and case tracking mechanisms on outreach/education events and client contacts; (3) reference material on waste, fraud, and abuse; and (4) a short awareness

quiz to track audience education on waste, fraud, and abuse.

Grant Application:	<i>Alabama's Model Approach to Statewide Legal Assistance</i>
Grantor:	Administration on Aging
Date Submitted:	July 24, 2006
Amount Awarded:	\$100,000

Brief Summary

This grant supports the establishment of a statewide, low-cost legal assistance system which improves and expands the current delivery of legal services to better protect the rights and financial security of older Alabamians, enhancing their choices and independence.

ADSS contracted with Legal Services of Alabama, Inc., (LSA) a non-profit organization that provides statewide free civil legal assistance to low-income and elderly Alabamians. Thus far, grant activities have included the establishment of a statewide toll-free *Elder Law Helpline* (1-866-456-3959), an *Elder Rights Advisory Board* with project partners and stakeholders, enhanced websites with informational materials, and provided Statewide Community Awareness through *Educational Elder Right Clinics* empowering individual choice and independence. Additionally, Elder Law Seminars have been held statewide through the Elder Law Clinic at Jones School of Law to and plans are underway to publish an *Elder Rights Guidebook* for outreach and dissemination.

Anticipated outcomes include an increase in the number of seniors who will receive statewide legal assistance, as well as more professionals in various fields having a

greater awareness of elder rights and remedies.

REACH INTERVENTION PROJECT

The Alabama REACH Intervention Project is a partnership between ADSS and the University of Alabama's Center for Mental Health and Aging. REACH is a support program designed to alleviate stress for those who care for a loved one with Alzheimer's and related dementia.

"The stress on a caregiver often becomes so great that their health declines and they are no longer able to care for their loved one," ADSS Executive Director Irene Collins said. "REACH teaches caregivers how to take care of themselves so their health doesn't suffer. This prevents caregiver burnout and allows people with Alzheimer's to live in their homes and with their family."

Alabama's REACH Intervention Project was funded by the Administration on Aging and implemented in four pilot Area Agencies on Aging: Alabama Tombigbee Regional Commission, South Alabama Regional Planning Commission, Southern Alabama Regional Council on Aging, and Top of Alabama Regional Council of Governments. Because of the REACH Project's success, the Middle Alabama Area Agency on Aging received a separate grant and began piloting the project in October 2007.

The REACH Intervention Project has two main goals:

- To develop and expand affordable and accessible services which support people

with Alzheimer's disease and their family caregivers; and

- To advance improvements in Alabama's overall system of care for persons with Alzheimer's disease and improve integration of the preferences and needs of people with Alzheimer's disease and their family caregivers into Alabama's long-term care system as well as home- and community-based services.

In June 2007, ADSS held REACH training for Caregiver Coordinators and Medicaid Elderly and Disabled Waiver Case Managers. This training has allowed employees in each Area Agency on Aging to implement components of the REACH Program statewide beginning FY 2008.



**ALABAMA CARES:
SUPPORT FOR CAREGIVERS**

**ALABAMA SENIORx:
PRESCRIPTION DRUG ASSISTANCE**

**ALZHEIMER'S CAREGIVER
EDUCATION AND SUPPORT**

CAREGIVER COUNSELING

CAREGIVER INFORMATION

CAREGIVER RESPITE

CASE MANAGEMENT

CHORES SERVICES

COMPANION SERVICES

CONGREGATE MEALS

**DISASTER ASSISTANCE AND
RECOVERY**

FRIENDLY VISITING

HEALTH PROMOTION

HOME DELIVERED MEALS

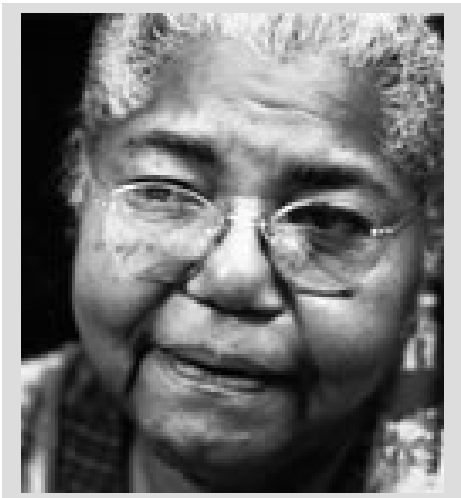
HOMEMAKER SERVICES

INFORMATION AND ASSISTANCE

LEGAL ASSISTANCE

LONG-TERM CARE OMBUDSMAN





MATERIAL AID

**MEDICAID WAIVER FOR THE
ELDERLY AND DISABLED**

MEDICATION MANAGEMENT

NUTRITION COUNSELING

NUTRITION EDUCATION

NUTRITION SERVICES

OUTREACH AND EDUCATION

PERSONAL CARE

RECREATION

**EMPLOYMENT PROGRAM
(SENIOR AIDES)**

**SENIOR FARMERS MARKET
NUTRITION PROGRAM**

SENIOR MEDICARE PATROL (SMP)

**SHIP: HEALTH INSURANCE
COUNSELING PROGRAM**

SKILLED RESPITE

TELEPHONE REASSURANCE

TRANSPORTATION SERVICES

UNSKILLED PERSONAL CARE

VOLUNTEERISM

LONG-TERM CARE

MEDICAID WAIVER FOR THE ELDERLY AND DISABLED

The Medicaid Waiver for the Elderly and Disabled (E&D Waiver) Program is designed to provide services to seniors and the disabled whose needs would otherwise require them to live in a nursing home. Our goal is for clients to retain their independence by providing services that allow them to live safely in their own homes and communities they love for as long as it is appropriate.

Case managers work with clients to develop a plan of care based on the clients' medical needs. Depending upon their plan of care, individuals in this program may receive personal care, homemaker, respite, adult day health, companion services, or home delivered frozen meals.

Program Highlights

- The E&D Waiver program currently serves approximately 4,750 clients each year, all of whom are nursing home eligible under Medicaid.
- E&D Waiver costs the state 16 percent of what nursing home placement would cost for the same number of clients. For example, the average monthly cost per client in fiscal year 2007 was:
 - \$4,844 nursing home client
 - \$793 E&D Waiver client.
- Had the 4,750 E&D Waiver clients been in nursing homes in Fiscal Year 2007, it would have cost the state approximately **\$231 million** more than it cost for the same clients to be served by the E&D Waiver program.

Data

- E&D Waiver promotes independence, choice, and control.
- Housing and long-term care are critical issues, particularly as the baby boomers age.
- The Alabama Medicaid Agency spent approximately \$805 million on nursing home care for 27,173 residents in Fiscal Year 2006.
- Approximately 80 percent of care is provided in the home, while roughly 80 percent of long-term care dollars are spent on nursing home care.



“This important change makes consumer-directed care a reality for these individuals. It gives them more choices, more control and more options when it comes to their health care. Alabamians can be proud our state is leading the nation when it comes to providing greater consumer choice.”

- Governor Bob Riley

(excerpt from press release on Alabama’s being the first state approved to add consumer-directed care options to the Medicaid State Plan, 5/24/07)

PERSONAL CHOICES

The Personal Choices program is Alabama’s option for self-directed home and community-based services and is based on a national model of self-direction called the Cash and Counseling program. It is designed to offer seniors and people with disabilities more choice and flexibility in the type of care they receive. Personal Choices fosters independence as participants have greater control over their finances and decisions directly related to their care.

This program is administered by the Alabama Medicaid Agency and is operated by ADSS. Currently the program is available in a pilot area of seven counties served by the West Alabama Regional Commission Area Agency on Aging.

The groundwork for this program began in 2005. ADSS worked diligently from 2005 to 2007 to obtain approval for the program from CMS. Alabama became the first state to implement the program utilizing the 1915(j) authority under the Deficit Reduction Act of 2005. The State Plan Amendment authorizing Personal Choices was approved by CMS for implementation on August 1, 2007.

To be eligible for Personal Choices, the participant must be currently enrolled in either the E&D or SAIL waiver and meet both the medical and financial requirements for those waivers. There are approximately 700 persons in the seven-county pilot area who could potentially be eligible for the program.

ELDER RIGHTS

“Today we mark the 42nd anniversary of Medicare and Medicaid – important programs that provide access to health care for the elderly, the poor, and the disabled in this nation.

“In the last six years, we have instituted major changes to make these programs more effective and more efficient. Medicare has been transformed into a program that provides a prescription drug benefit, creates a greater focus on preventive benefits, and leads the movement toward more transparency in health care by providing price and quality information for the first time. There is also much more flexibility and innovation in the Medicaid program because of the new provisions in the Deficit Reduction Act of 2005.”

**- Secretary Mike Leavitt,
U.S. Department of Health
and Human Services**

**(excerpt from his statement
on the 42nd anniversary of
Medicare and Medicaid, 7/30/07)**

SHIP: STATE HEALTH INSURANCE ASSISTANCE PROGRAM



Program Accomplishments (FY 2006)

Fiscal Year 2006 marked the largest change to the Medicare program since its inception in 1965. Prescription drug insurance plans, offered by private insurers contracted with Medicare, made available a brand new drug benefit to more than 40 million beneficiaries nationally—more than 750,000 in Alabama alone. Multiple companies offered many different plan options, and choices were in abundance.

The Alabama SHIP Coordinators and Volunteers served as the leading resource on Medicare Part D (the new Medicare Prescription Drug Benefit) for Alabama. They spoke at pharmacy meetings, medical society meetings, hospital medical staff meetings, and provider conferences. Many of these conferences and meetings were additions to the regular education and outreach circuit. Additionally, the Alabama SHIP served as the local face for Medicare for beneficiaries, providers, and caregivers on the new Part D benefit—from Part D plan

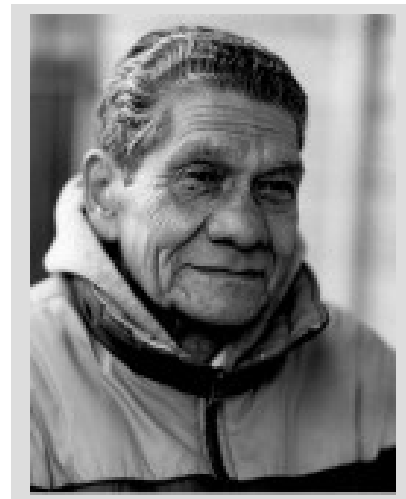
comparisons to providing counseling on all aspects of Medicare.

These Herculean educational and enrollment efforts resulted in more than 82 percent of eligible Medicare beneficiaries receiving prescription drug coverage—many for the first time. Because of these efforts and the excellent enrollment numbers, Alabama ranked first in the Southeast based on the Centers for Medicare and Medicaid Services (CMS) enrollment goals and fourth in the country.

Other highlights include:

- A coalition, which met monthly, was established with key provider associations, consumer advocate groups, and disability coalitions to create and implement a public awareness campaign on the Medicare prescription drug benefit.
- Utilizing technology, the SHIP state office conducted a statewide live satellite/internet conference for providers on the Medicare Part D program prior to open enrollment. The program was conducted in October and more than 32 other states (including other SHIP programs) tuned into the live conference.
- Briefings were held for U.S. Congressional staff, state legislators, and state legislative staff to prepare them for constituent questions regarding Part D.
- A “Let’s Talk Turkey” van tour was conducted during October throughout southeast Alabama targeting rural, low-income, and hard-to-reach areas to generate publicity on the upcoming Medicare enrollment dates and the plans available.

- SHIP, the Governor’s Office of Faith-Based and Community-Based Initiatives, and the Black Belt Community Action Coalition created a partnership enabling SHIP to tap into a network of more than 600 organizations throughout the state, including rural and hard-to-reach areas.
- SHIP and the community college system in Alabama partnered and held over 30 Medicare Part D enrollment assistance events utilizing on-campus computer labs and student volunteers.
- SHIP participated on several statewide live call-in television shows on Medicare Part D and conducted editorial board meetings throughout Alabama to educate reporters and editors on Medicare Part D.



Information on Persons Served

The Alabama SHIP had served more than 31,000 client contacts—a 290 percent increase in client volume over previous years. SHIP counselors played an integral role in helping Medicare beneficiaries make informed choices for themselves regarding their insurance benefits as well as helped

solve challenges they encountered with their insurance including coverage issues.

Medicare beneficiaries and their caregivers had opportunities to attend more than 750 educational presentations at churches, civic clubs, senior centers, and other organizations thanks to the efforts of SHIP staff and volunteers. Over 100 enrollment events were held throughout the state to assist Medicare beneficiaries with plan comparisons and options—some of which were through a unique partnership with Alabama’s community college system. Volunteers were also available for one-on-one confidential counseling sessions at senior centers, libraries, and churches throughout Alabama.

Alabama had the highest expected enrollment in the Southeast and ranked fourth in the country for its enrollment efforts through its SHIP.

The Alabama SHIP program has 16 regional coordinators and approximately 350 community volunteers.

Program Accomplishments (FY 2007)

The SHIP program has increased the volunteer workforce by 100 volunteers for a total of 450 certified volunteers statewide. SHIP has expanded its volunteer workforce by developing a new SCREAM Team model (S = Specialized Volunteer; C = Counselor; R = Recruiter; E = Educator; A = Administrative; M = Marketer).

SHIP has seen a large increase in all program activities, including number of one-on-one client contacts, educational presentations, media venues, and volunteer hours spent. Alabama SHIP received a performance-based grant from the Centers for Medicare and Medicaid Services. The

grant recognizes outstanding achievements in serving beneficiaries and provides additional funds to expand these services.

SHIP has increased its services to assist the very rural and underserved areas of the state, focusing on Low Income Subsidy (LIS) Medicare beneficiaries. It has increased the number of secure counseling sites to be able to provide more counseling services to these targeted audiences. SHIP has fostered new partnerships with the Governor’s Office of Rural Action Commission and Black Belt Action Coalition to assist in this effort.

Criteria for Eligibility

All Medicare beneficiaries are eligible for SHIP services.



ALABAMA SENIOR MEDICARE PATROL (SMP)

The Alabama SMP received a federal grant in July 2006 to train retired professionals and other seniors in how to prevent health care fraud. Specifically, volunteers are trained to teach beneficiaries and their caregivers:

- How to protect themselves from Medicare errors, fraud, and abuse;
- How to detect potential errors, fraud, and abuse; and
- How to report it if the beneficiary suspects he or she may have been a target of errors, fraud, and/or abuse.

This empowerment process of educating and reporting, in turn, contributes to the overall efforts of the Centers for Medicare and Medicaid Services (CMS) and the Administration on Aging (AoA) to combat waste, fraud, and abuse, thereby saving billions of misspent health care dollars.



Program Accomplishments (FY 2006)

During the first few months of the federal grant, more than 121 new volunteers were trained and 251 community education

events were held. Approximately 2,940 beneficiaries were educated through these community presentations. Approximately 77 complaints were received by the Alabama SMP and 40 of these complaints were referred to the appropriate regulatory agency for follow-up.

Program Accomplishments (FY 2007)

SMP expanded its public outreach efforts through the use of newly formed partnerships. SMP established a statewide Healthcare Fraud Advocacy & Outreach Council to help reach and teach Alabama's Medicare beneficiaries, placing a special focus on those who live in very rural and underserved areas of the state. The local SMP programs established local Advisory Outreach Groups to assist SMP to raise awareness of fraud, waste, and abuse at the local levels.



SMP developed a statewide Medicare Protection Campaign through the assistance of the Healthcare Fraud Advocacy & Outreach Council and a grant provided by the Alabama Association for Justice. The campaign includes a new Medicare Protection Toolkit which will be replicated in several other state SMP programs beginning in 2008. The campaign also includes public service announcements, paid advertising, and the commitment of multi-

media partnerships that will help spread the message.

SMP created new volunteer opportunities to expand the volunteer workforce. The new volunteer ACE team includes “Advocates, Counselors, and Educators.” The ACE team concept has created an increase in volunteers who serve SMP.



Success Stories

One Medicare beneficiary was seen at a doctor’s office in the spring of 2006. Because she had learned how to review her Medicare Summary Notices and medical bills thanks to efforts of the Alabama SMP, she realized that she had been erroneously charged for an office visit in August 2006. When the Alabama SMP contacted the physician’s office, they realized they had put the charges on the wrong patient and returned the money to Medicare. The bill was resubmitted under the correct patient’s name and paid by Medicare.

A Medicare beneficiary contacted the Alabama SMP after her family doctor charged her \$25 for a flu shot. The Alabama SMP explained to the client that the flu shot was a covered service under Medicare and offered to contact the physician’s office on the client’s behalf. Empowered by the knowledge of her Medicare benefits, the

client went back to the physician’s office and showed them in the *Medicare and You* book where flu shots were listed as covered services. The physician office reimbursed the client for the flu shot.

Criteria for Eligibility

This is an educational program. Medicare beneficiaries are the targeted population to be counseled and served.

“As Attorney General, my greatest commitment is to defend and protect the families of Alabama. I take seriously our special obligation to protect the senior citizens of Alabama. Our seniors provided the foundation upon which we now build our future. Now, we must be strong and steadfast in defending them as they become more vulnerable during their later years. When someone takes advantage of our senior citizens – many of whom are on fixed income and many whose prime earning years have passed and now have limited earning potential – the damage can be devastating.”

- Attorney General Troy King

**(excerpt from a press release
announcing regional conferences
for seniors throughout
Alabama, 3/22/06)**

LEGAL ASSISTANCE

The Legal Assistance Program provides a statewide system of legal professionals assisting older adults when personal legal problems arise. Attorneys provide advice and counseling, legal representation, legal research, preparation of legal documents, negotiation, legal education, and community outreach to Alabamians. Legal Assistance works on non-fee-generating cases to protect and secure the rights, benefits and dignity of older persons.

Legal problems facing Alabama’s seniors are often more critical than those facing any other segment of our population. The elderly in poverty are less likely to seek the assistance of an attorney. Often, it is either because they do not have cash resources to pay for the services or they do not realize they have a “legal problem.” Additionally, the overall educational level of many seniors is low, especially in older age groups, making it difficult for them to comprehend letters regarding benefits termination or changes and outlining their due process rights to appeal.

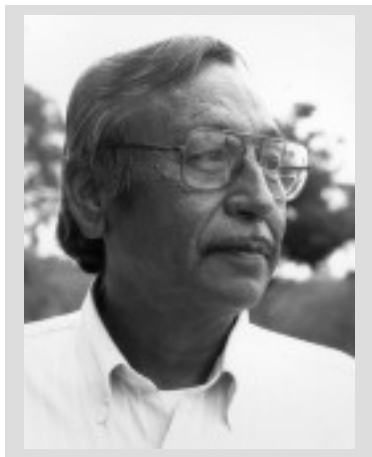
Priority is given to older individuals with the greatest social and economic need, low-income minority older individuals, older individuals who live in rural areas, and older individuals who are Native Americans. Priority issues include such areas as health care, public benefits, income, nutrition, abuse, housing, autonomy/independence, fraud, and consumer issues.

Program Accomplishments (FY 2006)

The top services provided by the Legal Assistance Program in Fiscal Year 2006 were:

- Wills/Estates
- Powers of Attorney
- Prescription Program Counseling
- Medicaid/Nursing Home
- Medicare Counseling
- Ownership/Real Property
- QMB/SLMB/QI-1
- Medicaid/SSI
- Collections

15,168 units of service were provided by Alabama's Legal Assistance Program. More than 15,000 legal issues were addressed by attorneys through the Legal Assistance Program. More than 7,702 seniors received services; of these clients, 76 percent were female. More than 38 percent of the clients were aged 75 years or older.



Program Accomplishments (FY 2007)

The top services provided by the Legal Assistance Program in Fiscal Year 2007 were:

- Wills/Estates
- Powers of Attorney
- Medicaid/Nursing Home
- Health Directives
- Ownership/Real Property
- Prescription Counseling
- Collections

More than 15,000 units of service were provided by Alabama's Legal Assistance Program. More than 12,000 legal issues were addressed by attorneys through the Legal Assistance Program.

During Fiscal Year 2007, Alabama received a Model Approaches to Legal Services grant.

1. Expansion of the Legal Services Alabama Disaster Legal Hotline to include statewide Elder Law Helpline

The major focus during the initial months of the grant was the expansion of Legal Services of Alabama's (LSA) Disaster Hotline to include a statewide Elder Law Helpline. Some of the highlights of this accomplishment include:

- The establishment of a statewide toll-free Elder Law Helpline. The subject matter of the calls include collections and other common consumer finance issues, housing/property issues, and contracts/warranties issues.
- Official announcement of the Elder Law Helpline

An April 18, 2007, news release by the Governor's Office received widespread coverage throughout Alabama. Most notable of the media coverage was an article in the *Jere Beasley Report* which is a publication produced by the plaintiff law firm of Beasley, Allen, Crow, Methvin,

Portis & Miles, P.C. In the article, Mr. Beasley touted the Helpline as “a very good thing for Alabama seniors, and I believe that it’s a very good use of tax dollars.” The publication is sent to hundreds of thousands of Alabamians.

2. Legal Provider Standards Update

Development of new legal service provider standards for the state has also begun. The existing standards have not been revised since 1999 and have been met with criticism from Title III-B legal service providers. Alabama is currently receiving technical assistance from the Center for Social Gerontology as it works to revamp the existing standards. During the final week of Fiscal Year 2007, an initial draft of the new guidelines was developed during a series of meetings of AAA Directors and Legal Service Providers.

Criteria for Eligibility

People 60 years of age and older.

CONSTITUENT SERVICES

Many senior citizens call or write letters requesting assistance and/or information regarding services. Some of these calls and letters are received by ADSS directly while others are referred to ADSS by the Governor’s Office or other state agencies. All of these calls and letters are addressed by Constituent Services.

Program Accomplishments (FY 2006)

During the period October 2005 to September 2006, ADSS responded to approximately 150 constituents by letter. In addition to the letters, numerous constituent matters were handled by phone. It is the goal of Constituent Services to address each

and every call or letter received by ADSS. Constituent Services will contact the constituent, gather information to assess the situation, determine what type of services are needed, determine the appropriate agency to assist the constituent, and inform and assist the constituent to the extent possible.

Constituent Services has a positive impact on seniors in that many of them receive assistance and needed services. There are many success stories. Many seniors have received assistance through the SenioRx Program and are now receiving free or low cost prescription drug medications. Others have received valuable insurance guidance and counseling through the SHIP Program enabling them to choose the best insurance plan to meet their needs. Caregivers of seniors have received assistance through the Alabama Cares Program enabling them to receive some relief and assistance in order to provide better care to those seniors who remain at home. Many seniors have received free legal advice and counseling. Additionally, many seniors have received assistance in obtaining needed repairs to their homes as well as assistance in paying utility bills and obtaining groceries or meals.

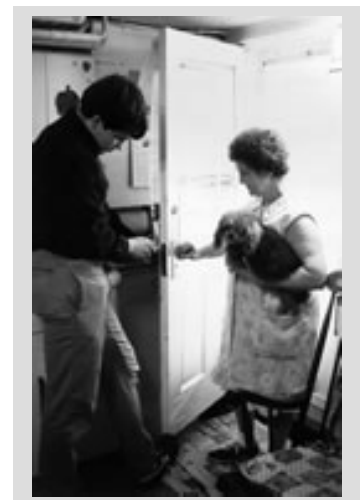
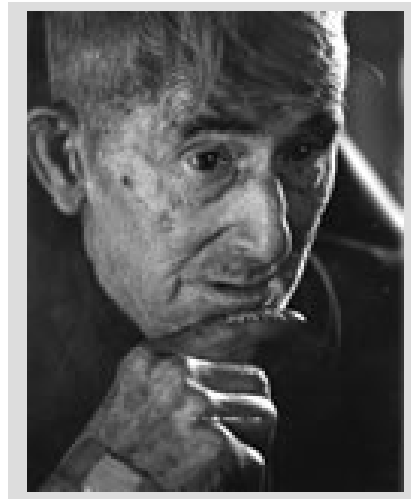
By responding to all calls and letters, Constituent Services hopes to meet the needs of as many seniors as possible as well as educate them about the various resources available to them and provide them with contact information for those resources.

Program Accomplishments (FY 2007)

The primary goal regarding Constituent Services is to properly direct constituents who inquire about services regarding seniors to the appropriate person and/or agency best suited to assist the constituent with his/her

individual needs and concerns. Some constituents are referred to ADSS by the Governor's office or other state agencies while other constituents write or call ADSS directly to obtain information regarding services. During Fiscal Year 2007, Constituent Services responded to approximately 500 constituents by letter. Another estimated 100 constituents were assisted by phone. Some of the primary reasons constituents contacted ADSS during Fiscal Year 2007 was to obtain information regarding the following:

- Financial Assistance
- Home Repairs
- Nursing Home Complaints
- Legal Assistance
- Caregiver Assistance
- Nutrition Services



ADMINISTRATION

“Changes in the senior population will not only affect what services will be needed, but also the tax base that will be available to support needed services.

“Clearly, ADSS is a wise and responsible investment of taxpayer dollars.”

**- Chairman John Knight,
Government Finance &
Appropriations Committee
Alabama House of Representatives**

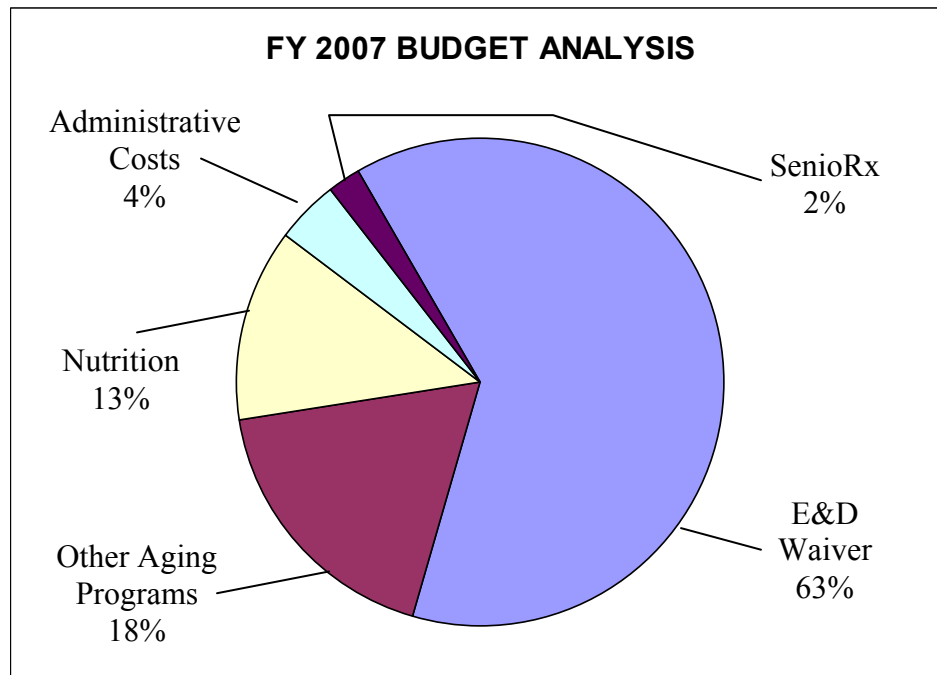
FISCAL YEAR 2007 FINANCIAL REPORT

ADSS takes pride in the fact that 96 percent of its budget is used to provide services through grants to its 13 Area Agencies on Aging that, in turn, contract with more than 2,000 local service providers. Not only do these grants provide needed services to Alabama’s seniors, but they also add to local economies by contracting with service providers in every county. By focusing on keeping people healthy and independent, Alabama’s aging programs benefit the state as well as its citizens.

ADSS FUNDING SOURCES (FY 2007)

	\$ in millions	% of budget
State	\$18.75	22%
Federal	\$68.18	78%

The ADSS budget for Fiscal Year 2007 (FY 2007) totaled \$86.93 million. Approximately 22 percent of the budget was from the state General Fund with the remaining funds coming primarily from federal matching funds. These federal funds are derived from the U. S. Department of Health and Human Services (Administration on Aging and the Centers for Medicare and Medicaid Services) and the U. S. Department of Labor.



In FY 2007, ADSS served approximately 4.3 million meals at a cost of \$11.1 million. The Elderly and Disabled Waiver (E&D Waiver) program represents 63 percent of the ADSS budget. The Cash and Counseling Grant continued to be piloted during FY 2007; however, no clients were served. The Alabama SenioRx program provides the highest rate of return for its annual budget of \$2.0 million. Since its inception (July 2002) through September 30, 2007, the Alabama SenioRx program served approximately 31,300 older Alabamians and generated over \$144 million in prescription drug cost savings. Other aging programs comprised approximately 18 percent of the budget. These included such services as senior employment, ombudsman, legal services, family caregivers, elder abuse, Alzheimer's, and other Older Americans Act Services.

Historically, the primary funding growth for ADSS occurred in the Elderly and Disabled Waiver program. For instance,

E&D Waiver slots have increased by 750 slots (i.e., from 4,000 to 4,750) over the last six years. Additionally, new programs such as Alabama Cares, SenioRx/Wellness, and Senior Employment have been implemented during that time. ADSS was also awarded the Alzheimer's disease Demonstration Grant, the Cash and Counseling Grant, and Nursing Home Transition Grant.

Alabama's seniors provide approximately \$2.4 million in voluntary contributions toward meals and other services. This money is reinvested back into the local programs from which the donations are received. ADSS also earns additional federal subsidies from serving meals that meet 1/3 the Dietary Reference Intakes. Currently this revenue is approximately \$2.8 million and is used to purchase meals. ADSS also benefits from the investment of Tobacco Settlement funds in the Alabama Senior Services Trust Fund. The interest earned from the trust fund is used to match additional federal dollars. As the senior

population expands at an increasing rate, we will continue to seek additional funding to meet the needs of our elderly citizens.

ADSS is committed to being a good steward of taxpayer dollars and to ensuring accountability in the use of its resources.

ADSS is a proud participant of the Legislature's performance-based budgeting initiative through the Alabama Commission on Government Accountability, as well as Governor Bob Riley's SMART (Specific, Measurable, Accountable, Responsive and Transparent) budgeting plan designed to improve Alabama's government by requiring organizational planning, linking plans to budget requests and appropriations, and creating meaningful performance measurements.



A PROFILE OF OLDER ALABAMIANS

“Today, more than ever, people are living longer, healthier, more active lives. The number of Alabamians who are 60 and older is expected to increase by 55 percent in the next 20 years, and their sheer number means they will face even more challenges in health care, finances, long-term care, even employment.

“Anticipating the future requires understanding the interrelationships of a state’s economy and the state’s population. I have watched this agency grow at an amazing pace. I am proud of what we’ve accomplished.”

**- Executive Director Irene Collins,
Alabama Department of
Senior Services**

Today’s seniors are those who lived through the Great Depression, the sacrifices of war, and the social changes brought about by the civil rights movement. According to 2006 Census estimates, Alabama is home to more than 838,000 people ages 60 and over and more than 79,000 people ages 85 and older. Life expectancy has grown from 59.9 in 1941 to 77.9 in 2004; there are 897 individuals who are 100 years old or older.

Fifty-eight percent of Alabama’s 60+ population is female. Eighty percent of 60+ individuals reported their race as white only. Approximately 46 percent of Alabamians ages 60+ have at least one disability. This information and the data below come from the 2000 Census Data or the State Plan on Aging unless otherwise denoted.

HEALTH STATUS

Senior citizens are living longer and with more resources than their parents, and the growth of that quality of life is expected to continue to increase as the baby boom generation joins the senior population. Yet, half of the nation’s seniors live with at least two chronic health conditions and more than 80 percent suffer from at least one chronic condition. According to the Alabama Department of Public Health, almost one in ten Alabamians has been diagnosed with diabetes. Alabama ranks among the top states in the nation for the prevalence of diabetes, the sixth leading cause of death in the state. Of those who have diabetes, more than 50 percent are age 60 or older. Diabetes also directly contributes to the incidence of heart disease and stroke, also leading causes of death in the state, and is the primary cause of kidney failure,

nontrauma-related limb amputations, and adult-onset blindness.

Senior citizens who are 85 years of age and older (the fastest growing segment of the population) present special needs. Often referred to as the oldest-old, the U.S. Census Bureau estimates the 85+ population could grow from 4.2 million in 2000 to 21 million by 2050.

INCOME STATUS

It is estimated that over 14 percent of Alabamians age 60 years and older live below the poverty level; the national average is about 9.9 percent. Thirty-seven percent of Alabamians age 60+ are considered low income because they live at or below 200 percent of the federal poverty level. The median incomes for Alabamians ages 75+ is \$17,729 according to the 2000 Census.

EDUCATIONAL AND EMPLOYMENT STATUS

Fifty-eight percent of Alabamians age 60 years and older are high school graduates and approximately 13 percent have received at least a bachelor's degree. Sixty-nine percent of below poverty Alabamians age 60 and over do not have a high school diploma. Thirty-nine percent of Alabamians ages 60 to 64 are employed in the civilian workforce. On the other hand, 16.3 percent of those ages 65 to 74, and 4.8 percent of those age 75+ are employed.

LIVING ARRANGEMENTS

Among Alabamians ages 60 and over, 68 percent reside in family households while 204,610 live alone. Older men are more likely than older women to be married.

RURAL LIVING

Rural areas generally have a higher proportion of older persons in their total population than do urban areas. The rural seniors have higher poverty rates and poorer health than those in urban areas implying a greater need for services and resources.

TRANSPORTATION

The cost of transportation for seniors is often excessive, prohibiting access to needed services. According to a report to the Alabama Legislature by the Advisory Committee to Study Mass Transit and Paratransit Needs in Urban and Rural Areas, approximately 281,000 senior citizens in Alabama cannot drive or afford a car and are, thus, "transportation disadvantaged."

HOUSING STATUS

Older Alabamians live in single-family dwellings, as a general rule. Eighty percent of Alabamians age 65 years and over own their homes and, typically, those who own their homes or who live in owner-occupied housing fare much better economically than those who rent. Most owner-occupied households with a person age 60 years and over have less than a 10-percent maintenance cost compared to similar renter-occupied households who commit more than 50 percent of income to rent.

LONG-TERM CARE

There are 27,068 licensed nursing facility beds in Alabama, according to statistics provided by the Alabama Department of Public Health. Less than five percent of older Alabamians reside in nursing homes or other institutions.

PROMOTING COMPREHENSIVE WELLNESS

“So many of our health problems can be avoided through diet, exercise and making sure we take care of ourselves. By promoting healthy lifestyles, we can improve the quality of life for all Americans, and reduce health care costs dramatically.”

**- Tommy G. Thompson,
former Secretary,
U.S. Department of
Health and Human Services**



People’s lives are complex and solutions to any challenge are rarely delivered by a single answer. Whole-person wellness programs are founded around the six dimensions of wellness – emotional, intellectual, physical, social, spiritual, and vocational health – along with personal wellness concepts that include self-responsibility, optimism, a self-directed approach, self-efficacy, and personal choice. These programs are proving to be an effective way to promote successful aging.

As an extension of the whole person wellness trend, prevention efforts are in high demand. People of any age tend to be healthier, feel better, and maintain their mobility and independence longer when they exercise regularly and eat properly. This is especially true if you want to prevent, delay, or manage heart disease, certain types of cancer, diabetes, obesity, anxiety, depression, arthritis, and osteoporosis. Poor health is not an inevitable part of aging. Even small changes in your life can make a difference.

EAT BETTER, MOVE MORE

Adequate nutrition is essential for healthy aging, the prevention or delay of

chronic disease and disease-related disabilities, and for improved quality of life. Yet poor nutrition is a major problem for older adults. Many seniors have a nutrition-related chronic disease or condition, such as diabetes, heart disease, high blood pressure, or osteoporosis. Community dwelling older adults as well as their caregivers may have inadequate food and nutrient intake, which affects their health and ability to function independently. The Older Americans Act (OAA) Nutrition Program provides for congregate and home-delivered meals. Other services include nutrition screening, education, and counseling. Linkages to health promotion and disease prevention programs as well as physical activity programs are also critical. Meals and other nutrition services are provided in a variety of settings, such as senior centers, schools, and individual homes. Congregate nutrition services improve participants' health and prevent more costly interventions. Home-delivered nutrition services enable older adults to avoid or delay costly institutionalization and allow them to stay in their homes and communities.

Physical activity is part of a healthy lifestyle at any age. For older adults, benefits of exercising regularly are multifold. Studies have demonstrated that exercise can improve heart and lung functioning, aid in weight control, and help maintain muscle mass, bone density, flexibility, and balance. A recent study linked daily walking with improved mental functioning.

ADSS is also partnering with the AAAs and the Alabama Department of Public Health (ADPH) to encourage older adults in the state to become more physically active through exercise classes available to seniors at many senior centers. In addition, many

centers have purchased exercise bikes and treadmills for participants to utilize.

PACE (People with Arthritis Can Exercise)

Arthritis affects an estimated 1.1 million Alabamians and incurs costs for hospital stays, physicians, drug regimens, and joint replacements. Persons 65 and older are the fastest growing segment of Alabama's population. Consequently, the impact of arthritis is expected to increase significantly when one in every two Americans over 50 will face fractures from osteoporosis or low bone mass by 2020. Research conducted in 2004 lends strong support to the combination of weight loss and exercise as a cornerstone for the treatment of overweight and obese patients with knee osteoarthritis.

Under a grant to ADPH, volunteers were trained to lead PACE classes at senior centers. In Fiscal Year 2007, ADSS was recognized for substantial growth to this program. PACE is an exercise program designed specifically for people with arthritis. In classes meeting twice weekly, participants are taught exercises that can help reduce joint pain and improve flexibility, range of motion, and endurance.



OTHER ACTIVITIES

“Hundreds of thousands of Alabama senior citizens directly benefit from the Older Americans Act (OAA). This landmark legislation is essentially the road map that directs aging programs in our country.

“Our seniors deserve the highest quality of life and care that we can provide as well as respect for all they have done to make Alabama the great state it is today.”

**- Executive Director Irene Collins,
Alabama Department of Senior Services**

ALABAMA SENIOR CITIZENS HALL OF FAME

The Alabama Senior Citizens Hall of Fame was created in 1983 by the Alabama Legislature to honor living Alabama citizens who have made significant contributions toward enhancing the lives of Alabama's elderly citizens. The Alabama Senior Citizens Hall of Fame recognizes honorees in the following categories:

- Class Members: Persons who are nominated, voted for, and become members of the Hall of Fame;
- Special Awards: Professionals and individuals who are nominated in nine categories, voted for, and honored in specific categories as befitting their contributions affecting older adults in Alabama;
- Honorary Members: Persons who are nominated and honored as honorary members; and
- In Memory Of: Persons honored in memoriam for their contributions in life to the elderly population.

An induction ceremony is held each year to honor new members of the Alabama Senior Citizens Hall of Fame. During the ceremony, the permanent class members are presented with a Golden Eagle Medal of Honor pin and are encouraged to wear it as a reminder of concerns, interests, and actions needed on behalf of older adults and less fortunate citizens. In FY 2006, eleven permanent members and seven special award recipients were inducted to the Hall of Fame. In FY 2007, ten permanent

members and eight special award recipients were inducted.

MASTERS GAMES OF ALABAMA



Masters Games of Alabama was established to give Alabama's aging population an opportunity to participate in physical competitions as well as increase social interaction. The Masters Games have become like a big family reunion. The participants look forward to seeing each other every year, and the spirit of the games can be seen on the seniors' faces. They enjoy the competition, but the friendships they have made are just as important.

In FY 2007, a woman from District 8 was in a wheelchair and competed in the Basketball Free Throw. She needed help standing up and while she did not make a basket, her competitors cheered her on. A lady from District 5 gave her own medal to this woman and said the smile on the woman's face was so important. A man from District 1 had an attitude that spread throughout the games. He never gave up, never got discouraged, and was an inspiration to the other competitors. His limited physical abilities did not stop him from participating in the games.

Throughout the years the Masters Games have grown in numbers. In FY 2007, over

500 individuals participated in the games. More importantly, the Masters Games has grown in friendships and a different attitude to growing older.

MS. SENIOR ALABAMA

Ms. Senior Alabama, Inc. is a part of the Ms. Senior America program. It is a non-profit organization designed to enrich the lives of senior women allowing them to share their experiences, wisdom, and interests with others. Local pageants are held throughout the state, and winners of these pageants compete at the annual pageant for the title of Ms. Senior Alabama. Each contestant must be age 60 or older, an Alabama resident for at least six months, citizen of the United States for at least one year, and may be an amateur or professional.

Today's senior woman is like none other. She enjoys better health, more financial comfort, and more respect than her predecessors. She remains involved in matters of all walks of life and has redefined the term "rocking granny."



ADSS CONTACT INFORMATION AND DIRECTORY OF AAA OFFICES

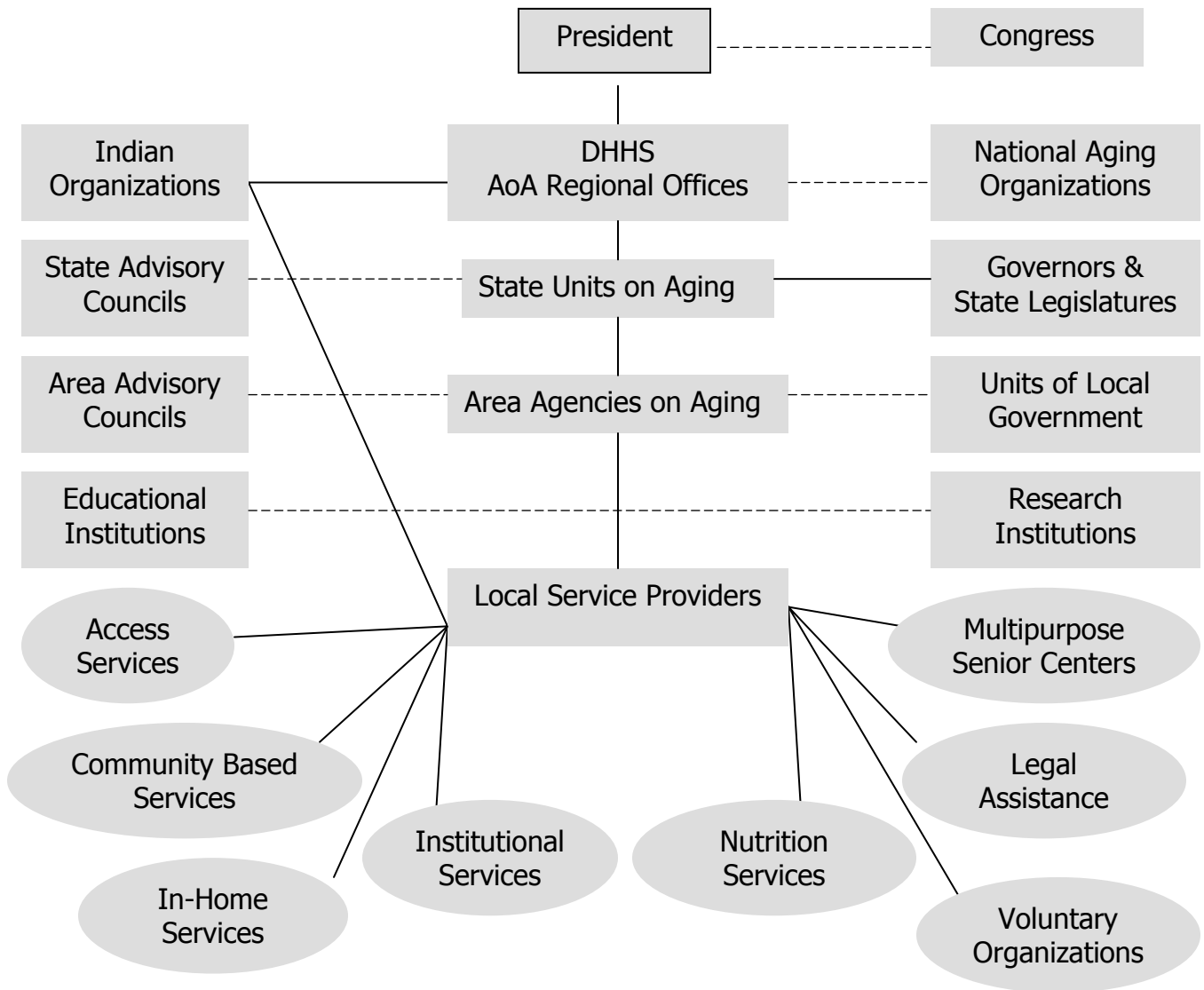
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National Aging Services Network



For more information about aging services in Alabama,

call 1-800-AGELINE (243-5463)

or

visit www.alabamaageline.gov